



Master's Swim Activity Registration



Guardian Last Name

Guardian First Name

Address

City

Zip

()

()

()

()

Home Phone

Cell Phone

Work Phone

Emergency Phone

Visa MC

Email:

Cash Check

Check # :

Received by:

Participant Information

Participant First Name	Participant Last Name	DOB	Gender	Activity #	FEE
		/ /	M / F		
		/ /	M / F		
		/ /	M / F		
		/ /	M / F		

Participant Release

Total Fees: _____

I, the below signed as adult (or the parent), do hereby release the City of Delta, its agents or employees, from liability for injuries or damages which may result to myself (my child) as a result of the participation of myself (my child) in the City of Delta Recreation Program. Further, the applicant agrees to save and hold harmless the City of Delta, its officers, agents, or employees, for any damages or personal injury which may result from these activities.

Signature

Date

Registration Dates March 1-April 4, 2016

✓	Description	Dates	Times	Days	Activity #	FEE
	MASTERS	April 5-April 30	7-8:30 PM 8-9:30 AM	Tue/Th Sat	119-4	\$30.00

